Dear Sir:

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450



(type or print name)

Date: February 10, 2004

Customer No.: 23696

Attorney Docket No.: 010042

In Re Application of: Chmaytelli en ECEIVED

Filed: April 3, 2001

Examiner: Sharad K. Rampuria

FEB 1 9 2004

Group Art Unit: 2683

Technology Center 2600

Transmitted herewith for filing is a Response to Office Action w/three-month ext. of time in the above identified

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	19	20	0	x \$18 =	\$0
Independent**	4	4	0	x \$86 =	\$0
Multiple Dependent Claim(s): ☐ Yes ☒ No				\$290	\$0
·		Oi	ne Month	\$110	\$0
EXTENSION FEES		T	wo Months	\$420	\$0
		⊠ Tł	ree Months	\$950	\$950
TERMINAL DISCLAIMER				\$110	\$0
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.				TOTAL FEE	\$950
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